



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 12:21 pm, Apr 14, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN <u>030798</u>	PRINTER SN <u>91.9821.035</u>	DATE OF INSPECTION <u>4-3-14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>301 N. 22nd St. St. Charles</u>		TIME OF INSPECTION <u>0035</u>

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	<u>passed</u>
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	<u>25°C</u>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	<u>passed</u>
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	<u>0036 4-3-14</u>

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>A6230602</u> EXP. DATE <u>11-1-14</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIMULATOR SN _____ SIMULATOR EXP DATE _____
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)	
<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 <u>078</u>	TEST 2 <u>076</u>	TEST 3 <u>076</u>
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING	<u>passed</u>
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	<u>0</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>1</u>	(.10-.14)	<u>6</u>	(.15-.19)	<u>4</u>	(OVER .19)	<u>2</u>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Tru Cal - 078

Removed from Service for Software Upgrade

INSPECTING OFFICER	
SIGNATURE <u>Michael C. Apple</u>	PRINT NAME <u>Michael C Apple</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220680 8-3-14</u>	TELEPHONE NUMBER <u>636-949-0809</u>

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



Airgas Mid America (LABORATORY)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 1-Nov-2012

Dear Sir,

This is your Certificate of Analysis:

<u>Exp. Date</u> 11/1/2014	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.080 ± 0.002 BrAC (218 ppm) Balance
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Lot # AG230602

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: Rob. H. H. H.

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

04/03/14 08:37
Version 001 0000

TEST RECORD 000000

Temp Date Time 210L

04/03/14 08:37

04/03/14 08:37 0000
04/03/14 08:37 0000

Subject Name

Subject I.D.

04/03/14 08:37

04/03/14 08:37

04/03/14 08:37

04/03/14 08:37
Version 001 0000

TEST RECORD 000027

Temp Date Time 210L

04/03/14 08:37

04/03/14 08:37 0000
04/03/14 08:37 0000

Subject Name

Subject I.D.

04/03/14 08:37

04/03/14 08:37

04/03/14 08:37

04/03/14 08:37
Version 001 0000

TEST RECORD 000028

Temp Date Time 210L

04/03/14 08:37

04/03/14 08:37 0000
04/03/14 08:37 0000

Subject Name

Subject I.D.

04/03/14 08:37

04/03/14 08:37

04/03/14 08:37

04/03/14 08:37
Version 001 0000

TEST RECORD 000029

Temp Date Time 210L

04/03/14 08:37

04/03/14 08:37 0000
04/03/14 08:37 0000

Subject Name

Subject I.D.

04/03/14 08:37

04/03/14 08:37

04/03/14 08:37

STATE OF MISSOURI
DEPARTMENT OF HEALTH



P E R M I T
T Y P E I I



MICHAEL C HOEFLE

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 08/03/2012

Number 220180

Expires 08/03/2014

MO 680-0771 (7-89)

Director of State Public Health Laboratory

Director, Department of Health

Lrb. 4 (87-80)